



# 9/C NE  
12/11/03  
Jisa

<b>IN THE UNITED STATES PATENT AND TRADEMARK OFFICE</b>	Appl. Serial Number	<b>10/049,634</b>
	Filing Date	<b>February 25, 2002</b>
	First Named Inventor	<b>Viktor Magdolen</b>
	Group Art Unit	<b>1621</b>
	Examiner Name	<b>S. KUMAR</b>
	Attorney Docket Number	<b>2923.475</b>
Title: <b>Selective Inhibitors of the Urokinase Plasminogen Activator</b>		

### AMENDMENT

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Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NOV 10 2003  
TECH CENTER 1600/2900

Dear Sir:

#### Introductory Comments:

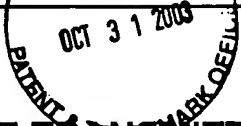
In response to the Office Action dated July 31, 2003, Applicants submit the following amendments and response.

The amendments to the claims start on page 2. The remarks start on page 30.

11/04/2003 HGUTEMA1 00000034 022135 10049634

01 FC:2202 81.00 OP  
02 FC:2201 7.00 DA 294.00 OP

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 <p><b>FEE TRANSMITTAL</b> <b>for FY 2003</b> <b>(Small Entity)</b></p>		Complete if Known		NOV 10 2003	
		Application Number	10/049,634	TECH CENTER 1600/2900	
		Filing Date	February 25, 2002		
		First Named Inventor	Viktor Magdolen		
		Examiner Name	S. Kumar		
		Group Art Unit	1621		
Total Amount of Payment	(\$ 375.00)	Attorney Docket Number	2923.475		

**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck

☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status.

2. ☒ Payment Enclosed:

☒ Check  
☐ Credit Card

**FEE CALCULATION****1. FILING FEE**

Fee Code	Fee \$	Fee Description	Fee Paid
2001	375	Utility filing fee	[ ]
2002	165	Design Filing Fee	[ ]
2003	260	Plant Filing Fee	[ ]
2004	375	Reissue Filing Fee	[ ]
2005	80	Provisional Filing Fee	[ ]

**SUBTOTAL \$**

**2. CLAIMS**

Total Claims	Independent Claims	Multiple Dependent Claims	Extra Claims	Fee	Fee Paid
[79]	[ ]	- 70** = [9]	x	\$9 =	[81]
[12]	[ ]	- 5** = [7]	x	42 =	[294]
		+		140 =	[ ]

\*\*or number previously paid, if greater;

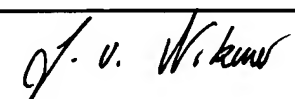
**SUBTOTAL \$ 375**

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Fee Code	Fee Paid	Fee Description	Fee Paid
2051	65	Surcharge - late filing fee or oath	[ ]
2052	25	Surcharge - late provisional filing fee or cover sheet	[ ]
1053	130	Non-English specification	[ ]
1812	2,520	For filing a request for reexamination	[ ]
1804	920	Requesting publication of SIR prior to Examiner action	[ ]
1805	1,840*	Requesting publication of SIR after Examiner action	[ ]
2251	55	Extension for reply within first month	[ ]
2252	205	Extension for reply within second month	[ ]
2253	465	Extension for reply within third month	[ ]
2254	725	Extension for reply within fourth month	[ ]
2255	985	Extension for reply within fifth month	[ ]
2401	160	Notice of Appeal	[ ]
2402	160	Filing a brief in support of an appeal	[ ]
2403	150	Request for Oral Hearing	[ ]
1451	1,510	Petition to institute a public use proceeding	[ ]
2452	55	Petition to revive -unavoidable	[ ]
2453	650	Petition to revive - unintentional	[ ]
2501	650	Utility issue fee (or reissue)	[ ]
2502	235	Design issue fee	[ ]
2503	315	Plant issue fee	[ ]
1460	130	Petitions to the Commissioner	[ ]
1807	50	Processing fee under 37 CFR 1.17(q)	[ ]
1806	180	Submission of Information Disclosure Statement	[ ]
8021	40	Recording each patent assignment per property (times number of properties)	[ ]
2809	375	Filing a submission after final rejection (37 CFR .129(a))	[ ]
2810	375	For each additional invention to be examined (37 CFR 1.129(b))	[ ]
2801	375	Request for Continued Examination (RCE)	[ ]
1802	900	Request for expedited examination of a design application	[ ]
1504	300	Publication fee for early, voluntary, or normal publication	[ ]
1505	300	Publication fee for republication	[ ]
1455	200	Filing an application for patent term adjustment	[ ]
1456	400	Request for reinstatement of term reduced	[ ]
		Other fee (specify)	[ ]

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL \$**

SUBMITTED BY		Complete (if applicable)	
NAME AND REG. NUMBER	Joyce von Natzmer, Reg. No. 48,120		
SIGNATURE		DATE	10/31/03
		DEPOSIT ACCOUNT USER ID	



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NOV 10 2003

TECH CENTER 1600/2900

1621-  
#**TRANSMITTAL FORM***(to be used for all correspondence after initial filing)**Complete if Known*

Application Number	10/049,634
Filing Date	February 25, 2002
First Named Inventor	Viktor Magdolen
Examiner Name	S. Kumar
Group Art Unit	1621

Total Number of Pages in This Submission

Attorney Docket Number 2923.475

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment                                | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Declaration under Rule 312                          | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

REMARKS:

SUBMITTED BY			Complete (if applicable)		
NAME AND REG. NUMBER	Joyce von Natzmer, Reg. No. 48,120				
SIGNATURE		DATE	10/31/03	DEPOSIT ACCOUNT USER ID 02-2135	